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DATE: May 22, 2003

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MESSAGE:

Applicants: Christopher William Ogden, James Adshead, Anna Maria Kessling, and Bijan
Khoubehi

Serial No.: 09/933,548

Art Unit: 1634

Filed: August 20, 2001

Examiner: S. A. Sakelaris

For: *DIAGNOSIS AND TREATMENT OF PROSTATE CANCER*

PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/933,548	
	Filing Date	August 20, 2001	
	First Named Inventor	Christopher W. Ogden	
	Art Unit	1634	
	Examiner Name	S. A. Sakelaris	
Total Number of Pages in This Submission	13	Attorney Docket Number	NORT 100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual Signature Date	Zhaoyang Li Esq., Reg. No. 46,872 Holland & Knight LLP Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E., Atlanta, GA 30309-3400 May 22, 2003

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>May 22, 2003</u>	
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FEE TRANSMITTAL
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Effective 01/01/2003 Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 0.00

Complete If Known

Application Number	09/933,548
Filing Date	August 20, 2001
First Named Inventor	Christopher William Ogden et al
Examiner Name	S. A. Sakelaris
Art Unit	1634
Attorney Docket No.	NORT 100

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

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☒ Charge fee(s) indicated below ☒ Credit any overpayments.☒ Charge any additional fee(s) during the pendency of this application☒ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from Balance	Fee Paid
47	47	0	0
Independent Claims	10	0	0
Multiple Dependent		0	0

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater. For Reissues, see above.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**
Large Entity - Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1261 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,610	1451 1,610	Petition to institute a public use proceeding	
1462 110	2462 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1602 470	2502 235	Design issue fee	
1603 830	2503 315	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 30	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.120(e))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.120(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

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SUBMITTED BY

Name (Print/Type)

Zhaoyang Li

Registration No.

46,872

(Complete if applicable)

Telephone (404) 817-8513

Signature

Date

May 22, 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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For: *DIAGNOSIS AND TREATMENT OF PROSTATE CANCER*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action mailed April 22, 2003, please amend the application and consider the remarks as follows. and authorization to charge Deposit Account No. 50-1868 for the \$55.00 fee for a small entity. It is believed that no additional fee is required with this submission, however, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-1868. However, should an additional fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-1868.